

## POTENTIAL HAZARDOUS WASTE SITE IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION	
T	
LV_	

SITE NUMBER (to be as-

signed by Hq)

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.										
I. SITE IDENTIFICATION										
Drake Industries, Inc.		other identifier) St								
Constantine	D. STATE	E. ZIP CODE 49042	st. Joseph							
G. OWNER/OPERATOR (II known) (president)										
Richard G. Hagman (616) 435-2715										
H. TYPE OF OWNERSHIP										
1. FEDERAL 2. STATE 3. COUNTY 4. MUNIC	SIPAL 5.	PRIVATE6	UNKNOWN							
I. SITE DESCRIPTION										
Casket manufacturing Co  J. HOW IDENTIFIED (1.0., citizen's complaints, OSHA citations, etc.)	mpany									
			K. DATE IDENTIFIED  (mo., day, & yr.)							
citizen complaint: hazardous i	vasti ho	tline	5/7/80							
L. PRINCIPAL STATE CONTACT 1. NAME			2. TELEPHONE NUMBER							
hone										
II. PRELIMINARY ASSESSME	NT (complete t	his section last)								
A. APPARENT SERIOUSNESS OF PROBLEM										
☐1. HIGH ☐2. MEDIUM ☐3. LOW ☐4 NONE	5. l	JNKNOWN								
B. RECOMMENDATION										
1. NO ACTION NEEDED (no hazard)		NATE SITE INSPECTATIVELY SCHED								
3. SITE INSPECTION NEEDED										
a. TENTATIVELY SCHEDULED FOR:	b. WILL	BE PERFORMED	BY:							
b. WILL BE PERFORMED BY:										
	4. SITE I	NSPECTION NEED	ED (low priority)							
C. PREPARER INFORMATION										
1. NAME	<b>-</b>	PHONE NUMBER	3. DATE (mo., day, & yr.)							
Kathleen Hammer		<u>886 - 6144</u>	5/8/80							
	FORMATION		·							
A. SITE STATUS  1. ACTIVE (Those industrial or   2. INACTIVE (Those	[ ] 3. OTHER	(specify):								
municipal sites which are being used for waste treatment, storage, or disposal wastes.)	(Those sites the no regular or c	hat include such inc ontinuing use of the	idents like "midnight dumping" where site for weste disposal has occurred.)							
on a continuing basis, even if infre- quentify.)  US EPA RECORDS CENTER REGION 5										
B. IS GENERATOR ON SITE?										
1. NO Z 2. YES (specify gene	rator's four—digi	t SIC Code,	433094							
C. AREA OF SITE (in acres)  D. IF APPARENT SERIOUSN  1. LATITUDE (degminse		•	OORDINATES  JDE (degminsec.)							
The Extribute (1988-1911)	,	2. 20.1011	· · · · · · · · · · · · · · · · · · ·							
F. ARE THERE BUILDINGS ON THE SITE?										
E. ARE THERE BUILDINGS ON THE SITE?  1. NO X 2. YES (epocity): MAMILLA MANAGEMENT AND STANDARD STANDARD.										
rearingact	wung	munis	<del></del>							

	IV. CHARACTERIZATION OF SITE ACTIVITY												
Inc	licate the major site	ac	tivity(ies) and det	ails	relating to each ac	tiv	ity by marking <b>'X'</b> ir	n th	e app	ropi	iate boxes		
' X '	A. TRANSPOR	A. TRANSPORTER X		B. STORER		×	C. TREATER	₹		'x'	D	D. DISPOSER	
	1. RAIL		I. PILE			1	. FILTRATION				1. LANDFIL	. L	,
	2. SHIP		2. SURF	A C E	IMPOUNDMENT	2	. INCINERATION				2. LANDFA	RM	_
	3. BARGE		3. DRUM	5		3	. VOLUME REDUCTION	ON			3. OPEN DU	JMF	
	4. TRUCK		4. TANK	, а в	OVE GROUND	4	. RECYCLING/RECO	VΕ	RY		4. SURFACI	E IN	MPOUNDMENT
	5. PIPELINE		5. TANK	, BE	LOW GROUND	5	CHEM./PHYS. TRE	A T I	MENT		5. MIDNIGH	T C	DUMPING
	6. OTHER (specify):		6. OTHE	R (s	pecify):	6	BIOLOGICAL TREA	тм	ENT		6. INCINER	ΑТ	ION
Г						7	. WASTE OIL REPRO	CESSING 7. UNDER		7. UNDERG	RO	UND INJECTION	
ı						8	. SOLVENT RECOVE	RY	RY 8. OTHER (specify):			cify):	
					-	_]9	O. OTHER (specify):						
E.	SPECIFY DETAILS	OF:	SITE ACTIVITIES A	SNE	EDED				i				
	no L		d 520	1.4	mater a	•	an o Trad						
	790 970		jaran as	<i>V</i>	rastes ge	<b>~</b>	waun						
┝	<del></del>		<del></del>		V. WASTE RELATI	E D	INFORMATION						
Α.	WASTE TYPE	-			· · · · · · · · · · · · · · · · · · ·			•					
◊	(1. UNKNOWN	]2.	LIQUID	3. sc	OLID4. S	LU	DGE5. G	ΑS					İ
	WASTE CHARACTER											-	•
	🗶 1. UNKNOWN 🗀	] 2.	CORROSIVE ::	3. IG	NITABLE4. R	ΑD	IOACTIVE5 H	IGH	LY VC	LA	TILE		
	G TOXIC	7.	REACTIVE []	3. IN	ERT9. F	LA	MMABLE						
l													
	10. OTHER (specify	/): _											
	WASTE CATEGORIE		-11-11-0 616 10										
1	. Are records of waste	es a	vailable? Specify it	ems	such as manifests, in	ven	itories, etc. below.						
2	. Estimate the amo	ınt	specify unit of me	asu	re)of waste by cate	gor	ry; mark 'X' to indic	ate	which	ı we	stes are p	res	ent.
	a. SLUDGE		b. OIL	1	c. SOLVENTS	Γ	d. CHEMICALS		е.	SOL	IDS		f. OTHER
ΑМ	OUNT	AM	OUNT	ΑN	OUNT	AMOUNT		A١	OUNT			АМ	OUNT
				L		L		L					·
U٨	IIT OF MEASURE	UN	IT OF MEASURE	UN	IT OF MEASURE	U٨	JNIT OF MEASURE		UNIT OF MEASURE		ASURE	υN	IIT OF MEASURE
				-	<del> </del>	-	.т	-					<u> </u>
' X'	(1) PAINT, PIGMENTS	'X'	(1) OIL Y WASTES	, X,	(1) HALOGENATED SOLVENTS	ř	(1) A CIDS	'X'	(1) FL	Y A 5	н	'X'	(1) LABORATORY PHARMACEUT.
	(2) METALS SLUDGES		(2)OTHER(specify)		(2) NON-HALOGNTD SOLVENTS		(2) PICKLING LIQUORS		(2) A S	BES	TOS		(2) HOSPITAL
	(3) POTW				(3) OTHER(specify):	T	(3) CAUSTICS		(3) MII		NG/ TAILINGS		(3) RADIOACTIVE
H	(4) A LUMINUM					$\vdash$	(4) PESTICIDES	-	(4) FE	RR	ous		(4) MUNICIPAL
$\vdash$	SLUDGE					-	14/ - 23/10/023		3101				
ľ	.(5) OTHER(specify):					L	(5) DYES/INKS	_			ERROUS G. WASTES R(specify):		](5)OTHER(specify):
						L	(6) CYANIDE	$\vdash$	1 - 7 - 1	,			
							(7) PHENOLS						
							(8) HALOGENS						
						r	(9) PCB	1					
						-	(10) METALS	1					
						-	(11) OTHER (specify)	1					
							_,,OIREK(apocity)						

Continued From Front

W WASTE DELATED INCODUATION (C. Alexand)										
V. WASTE RELATED INFORMATION (continued) 3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hezerd).										
			<b>\</b> -	·						
·										
4. ADDITIONAL COMMENTS OR NAR	RATIVE DES	CRIPTION OF	SITUATION KNOW	N OR REPORTED TO EXIST AT THE SITE.						
VI. HAZARD DESCRIPTION										
	В.	C. TAZ								
A. TYPE OF HAZARD	POTEN- TIAL HAZARD (mark 'X')	ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo.,day,yr.)	E. REMARKS						
1. NO HAZARD	X									
2. HUMAN HEALTH										
3. NON-WORKER INJURY/EXPOSURE	,									
4. WORKER INJURY										
CONTAMINATION OF WATER SUPPLY										
6. OF FOOD CHAIN										
7. CONTAMINATION OF GROUND WATER	·									
8. OF SURFACE WATER										
9. DAMAGE TO FLORA/FAUNA										
10. FISH KILL										
11. CONTAMINATION OF AIR										
12. NOTICEABLE ODORS										
13. CONTAMINATION OF SOIL			) <del> </del>							
14. PROPERTY DAMAGE										
15. FIRE OR EXPLOSION										
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS										
17. SEWER, STORM DRAIN PROBLEMS										
18. EROSION PROBLEMS										
19. INADEQUATE SECURITY										
20. INCOMPATIBLE WASTES										
21. MIDNIGHT DUMPING										
2 2. OTHER (specify):										

## Continued From Front VII. PERMIT INFORMATION A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE. 1. NPDES PERMIT 2 SPCC PLAN 3. STATE PERMIT (specify): 4. AIR PERMITS 5 LOCAL PERMIT 6. RCRA TRANSPORTER 7. RCRA STORER 8. RCRA TREATER 9. RCRA DISPOSER 10. OTHER (specify): B. IN COMPLIANCE? \_\_\_\_ 1. YES 3. UNKNOWN 2. NO 4. WITH RESPECT TO (list regulation name & number): VIII, PAST REGULATORY ACTIONS B. YES (summarize below) A. NONE IX. INSPECTION ACTIVITY (past or on-going) \_\_ A NONE B. YES (complete items 1,2,3, & 4 below) 2 DATE OF 3 PERFORMED 1. TYPE OF ACTIVITY PAST ACTION (mo., day, & yr.) BY: (EPA/State) 4. DESCRIPTION 5/7/80 EPA X. REMEDIAL ACTIVITY (past or on-going) X A. NONE B. YES (complete items 1, 2, 3, & 4 below) 3. PERFORMED 2. DATE OF PAST ACTION (mo,, day, & yr,) 1. TYPE OF ACTIVITY 4. DESCRIPTION BY: (EPA/State)

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information on the first page of this form.

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NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II)

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## POTENTIAL HAZARDOUS WASTE SITE IDENTIFICATION AND PRELIMINARY ASSESSMENT

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REGION	SITE	NUMBER	(to	be	a
V	aigne	NUMBER of by Hq)			

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary

Assessment). File this form in the Regional Hazardous Waste Agency; Site Tracking System; Hazardous Waste Enforcement	Log File and su Task Force (EN	bmit a copy to: 1-335); 401 M St.,	U.S. Environmental Protection SW; Washington, DC 20460.								
I. SITE IDENTIFICATION											
Drake Industries, Inc.		other identifier)	<i>†</i> .								
Constantine D. STATE E. ZIP CODE F. COUNTY NAME 49042 St. Joseph											
G. OWNER/OPERATOR (11 known) (president) 1. NAME Richard G. Hagman		•	2. TELEPHONE NUMBER (616)435-2715								
H. TYPE OF OWNERSHIP  1. FEDERAL 2. STATE 3. COUNTY 4 MUN	ICIPAL 5.	PRIVATE6	пикиоми								
I. SITE DESCRIPTION											
Casket manufacturing a	ompany										
J. HOW IDENTIFIED (1.0., citizen'e complaints, OSHA citations, etc.)  Citizen Complaint: hazardous	wasti ho	tline	K. DATE IDENTIFIED  (mo., day, & yr.)  5/7/80								
1. NAME NOWL			2. TELEPHONE NUMBER								
II. PRELIMINARY ASSESSME	ENT (complete t	his section last)									
A. APPARENT SERIOUSNESS OF PROBLEM  1. HIGH  2. MEDIUM  3. LOW  4 NONE	E5. L	<b>ЈИКИОЖИ</b>									
B. RECOMMENDATION  1. NO ACTION NEEDED (no hazard)		DIATE SITE INSPECTATIVELY SCHED									
3. SITE INSPECTION NEEDED  B. TENTATIVELY SCHEDULED FOR:	b. WILL	BE PERFORMED	BY:								
b. WILL BE PERFORMED BY:	4. SITE I	NSPECTION NEED	ED (low priority)								
C. PREPARER INFORMATION LATHLEEN Hammer	(312)	рноме number <b>886 - 614</b> 4	3. DATE (mo., day, & yr.) 5/8/80								
III. SITE IN	NFORMATION										
A. SITE STATUS  1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.)  2. INACTIVE (Those sites which no longer receive wastes.)	3. OTHER (Those sites the no regular or co	at include such inc	idents like "midnight dumping" where site for waste disposal has occurred.)								
B. IS GENERATOR ON SITE?  1. NO  2. YES (apacily game)	erator's four—digit	SIC Code):									
C. AREA OF SITE (In ecree)  D. IF APPARENT SERIOUSN  1. LATITUDE (degminse			OORDINATES IDE (degminsec.)								
E. ARE THERE BUILDINGS ON THE SITE?  1. NO \(\frac{1}{2}\) YES (*pocity): \(\frac{1}{2}\) Manufact	uring	buildin	go								

IV. CHARACTERIZATION OF SITE ACTIVITY											
Indicate the major site activity(ies) and de 's relating to each						activity by marking 'X' in the appropriate boxes.					
A. TRANSPOI	RTER		ē.	STORER	X.	C. TREATE	R		X.	D. D	ISPOSER
1. RAIL	-	1. PILE			1. FILTRATION		1. LAND		ILL		
2. SHIP		2. SURF	ACE	E IMPOUNDMENT		2. INCINERATION			2. LANDE	DFARM	
3. BARGE		3. DRUM	AS.			3. VOLUME REDUCT	NOI		3. OPEN D	3. OPEN DUMP	
4. TRUCK		4. TANK	(, A E	BOVE GROUND		4. RECYCLING/REC	OVE	RY	4. SURFACE IMPOUNDME		MPOUNDMENT
5. PIPELINE		5. TANK	, BE	ELOW GROUND		5. CHEM./PHYS. TR	EAT	MENT	5. MIDNIGHT DUMPIN		DUMPING
6. OTHER (specify)		6. OTHE	ER (8	specify):		6. BIOLOGICAL TRE	ATM	ENT	6. INCINERATION		ION
						7. WASTE OIL REPR	OCE	SSING	SING 7. UNDER		UND INJECTION
						8. SOLVENT RECOV	ERY		8. OTHER	(spe	cify):
	1			1		9. OTHER (specify):					
E SPECIEV DETAILS	OF SITE ACT	NATION A	C 11								
E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED											
no d	no hazardous wastes generated										
				V. WASTE RELAT	ED	INFORMATION					
A. WASTE TYPE											
1 UNKNOWN	2. LIQUID	3	3. SC	OLID 4. S	LU	DGE5. 0	SAS				
B. WASTE CHARACTE											
1. UNKNOWN			3. IG	NITABLE 4 R	AD	DIOACTIVE 5 H	IIGHI	LY VOL	ATILE		
6. TOXIC	7 REACTIVE	8	3. IN	ERT 9 F	LA	MMABLE					
10. OTHER (specif	y):										
C. WASTE CATEGORIE  1. Are records of wast		Specify its	em II	such as manifests in		stories etc. below					
1. Interection of wast	es available;	specify ite	ems	such as maintests, in	A CI	nones, etc. below.					
2. Estimate the amo	unt(specify u	nit of mea	asut	re)of waste by cate	goi	ry; mark 'X' to indic	ate	which w	wastes are p	rese	ent.
a. SLUDGE	b. OIL		L	c. SOLVENTS	d. CHEMICALS e. SOLIDS		LIDS		f. OTHER		
AMOUNT	AMOUNT		AM	IOUNT	AN	MOUNT	AM	DUNT		AMO	DUNT
UNIT OF MEASURE	UNIT OF MEA	SURE	UN	IT OF MEASURE	UNIT OF MEASURE UNIT C			ITOFM	IEASURE	UNI	T OF MEASURE
X' (1) PAINT	'X' (1) OII Y		'x'		' X	,	·×·			'x'	
(1) PAINT. PIGMENTS	(1) OILY WASTES	5	Ĥ	(1) HALOGENATED SOLVENTS	Â	(1) A CIDS	(1) FLY		SH	Ĥ'	1) LABORATORY PHARMACEUT.
(2) METALS SLUDGES	(2)OTHER	(specify):		(2) NON-HALOGNTD. SOLVENTS		(2) PICKLING LIQUORS	(2) ASE		ASBESTOS		2)HOSPITAL
(3) POTW			H	(3) OTHER(specify):				(3) MILLING/ MINE TAILINGS		(	3) RADIOACTIVE
(4) A LUMINUM SLUDGE		- 1				(4) PESTICIDES		4) FERF	ROUS G. WASTES	(	4) MUNICIPAL
(5) OTHER(specify):						(5) DYES/INKS	,	5) NON-	FERROUS G. WASTES	μ,	5) OTHER(specify):
						(6) CYANIDE	<u> </u>  "	6) OTHE	R(specify):		
						(7) PHENOLS					
						(8) HALOGENS					
						(9) PCB					
						(10) METALS					
						(11) OTHER(specify)					
504 5 - T0070 0 (10 3			and the last		- Common or the						

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Continue On Page 3

Congreded From From			The second secon						
		VII. PERMIT INFO	DRMATION						
A. INDICATE ALL APPLIC	ABLE PERMITS HELD BY	THE SITE.							
1. NPDES PERMIT	2. SPCC PLAN	3. STATE PERMIT							
4. AIR PERMITS	4. AIR PERMITS 5. LOCAL PERMIT 6. RCRA TRANSPORTER								
7. RCRA STORER B. RCRA TREATER 9. RCRA DISPOSER									
10. OTHER (specify):									
B. IN COMPLIANCE?									
1. YES	2. NO	3. UNKNOWN	*						
		and the second							
4. WITH RESPECT TO	(list regulation name & num	nber):							
	VII	I. PAST REGULATO	RY ACTIONS						
A. NONE	B. YES (summarize be	low)							
/ `									
, i									
	IV INC	ECTION ACTIVITY	(past or an-dains)						
1	/	ECTION ACTIVITY	(past of on-going)						
A. NONE	B. YES (complete items	1,2,3, & 4 below)							
1. TYPE OF ACTIVIT	2 DATE OF PAST ACTION (mo., day, & yr.	3 PERFORMED BY: (EPA/State)	4. DESCRIPTION						
Inspection	5/7/80	EPA	reconnaissance inspection						
			*						
	X. RI	EMEDIAL ACTIVITY	(past or on-going)						
A. NONE	B. YES (complete items	1, 2, 3, & 4 below)							
1. TYPE OF ACTIVIT	2. DATE OF PAST ACTION (mo., day, & yr.		4. DESCRIPTION						
NOTE: Based on the in	nformation in Sections	III through X, fill	out the Preliminary Assessment (Section II)						
information on	the first page of this f	orm.							